

Foster Family Home - Corrective Action Report

Provider ID: 5-160088

Home Name: Crystal Alcantara, RN

Review ID: 5-160088-4

5365 Olopuia Street

Reviewer: Lori O'Keefe

Kapaa

HI 96746

Begin Date: 12/19/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1)

Comply with all applicable requirements in this chapter, and

Comment:

Recertification inspection conducted for this 2 client home. There are currently no clients in the home. A corrective action report was issued with a written plan of correction due to CTA by 1/19/20.

Foster Family Home

Personnel and Staffing

[11-800-41]

41.(b)(8)

Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(c)

The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.b.8 - CG#2 does not have evidence of current first aid training. The home was cited during last inspection for class being taken from an online vendor which is not allowed but it does not appear that approved training was taken.

41.c - CG's #1 and #2 do not have approved in-service education hours.

CG#1 is an RN and able to gain education hours online (over 30 hours on file in home binder) but for CCFFH this is an unapproved method of obtaining in-service hours. In-services must be attended in person and the topics must relate to the services provided in the CCFFH home. 12 hours annually are required.

CG#2 has online certificates for in-service hours. In-services must be attended in person and the topics must relate to the services provided in the CCFFH home. 8 hours annually are required.

*Home voluntarily closed 1/22/2020 before submitting
a written plan of correction.*

Lori O'Keefe
Compliance Manager

12/19/19
Date

[Signature]
Primary Care Giver

Date